(Rev. 12/99)

FORM CT-1041 SCHEDULE C

1999

| Name | of Estate or Trust | | Federal Employer ID Number |
|----------|--|-------|----------------------------|
| | All resident estates and full-year resident trusts must complete th the status of any nonresident beneficiaries and to calculate Conr Attach Schedule C to the back of Form CT-10 | nect | |
| (| Check applicable box: | | |
| | Resident estate without any nonresident beneficiaries, or Full-year resident trust without any nonresident beneficiaries: Complete Lines 4 through 6: then go to Line 14 | | |
| | 2) Resident estate with one or more nonresident beneficiaries, or Full-year resident testamentary trust with one or more nonresident leads to Full-year resident inter vivos trust with one or more nonresident bereficiaries: Eirst complete and attach Schedule CT-1041FA, Parts 3 and 2; Then complete Lines 4 through 6; then go to Line 14 | | |
| | 3) Full-year resident inter vivos trust with one or more nonresident nor First complete and attach Schedule CT-1041FA, Parts 3 and 2; Then complete Lines 4 through 14 | ncont | ingent beneficiaries: |
| 4. | Federal taxable income of fiduciary (from federal Form 1041, Line 22) | 4 | |
| 5. | | 5 | |
| 6. | | 6 | |
| <u> </u> | Full-year resident inter vivos trusts with one or more nonresident non complete Lines 7 through 14; others go to Line | ncoi | ntingent beneficiaries, |
| 7. | Enter the fiduciary's share of income from Connecticut sources (See instructions) | 7 | |
| 8a. | Enter the amount from <i>Schedule CT-1041FA</i> , Part 3, Line 4, Column b | | |
| 8b. | Enter the amount from <i>Schedule CT-1041FA</i> , Part 3, Line 18, Column b | | |
| 8c. | Subtract Line 8b from Line 8a | 8 c | |
| 9. | Income from Connecticut sources of fiduciary as modified (Add Line 7 and Line 8c) | 9 | |
| 10. | Connecticut taxable income of fiduciary from non-Connecticut sources as modified (Subtract Line 9 from Line 6) | 10 | |
| 11. | Enter as a decimal, the percentage of resident noncontingent beneficiaries (from Form CT-1041, Schedule B, Part 2, Line 4) | 11 | |
| 12. | | 12 | • |
| 13. | | 13 | |
| 14. | | 14 | |